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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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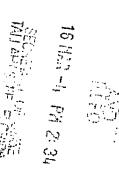
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COVER LETTER

| | egistration Section ivision of Corporations |
|---------------|---|
| SUBJECT | TheEgg Man 2, LLC |
| SUBJECT | Name of Limited Liability Company |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rm all correspondence concerning this matter to the following: |
| | Michael P. Schmidt |
| | Name of Person |
| | Firm/Company |
| | 179 Cotillion Circle |
| | Address |
| | Tallahassee, FL 32312 |
| | City/State and Zip Code schmidtserv@comcast.net |
| | E-mail address: (to be used for future annual report notification) |
| For further i | information concerning this matter, please call: |
| | Michael P. Schmidt 850 765-0703 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed i | s a check for the following amount: |
| \$125.00 F | Siling Fee \$\ \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | 5500 |
|---|------------------|--------------------------|------------|
| The name of the Limited Liability Company is: | | | === |
| | | | 五百 |
| The Egg Man 2, LLC | | | izi |
| (Must end with the words "Limited Li | iability Compar | ıy, "L.L.C.," or "LLC.") | - F1- |
| ARTICLE II - Address: | | | n^{\leq} |
| The mailing address and street address of the principal office | ce of the Limite | d Liability Company is: | |
| Principal Office Address: | | Mailing Address: | *4* |
| 179 Cotillion Circle | 179 | Octillion Circle | |
| Tallahassee, FL 32312 | Tal | llahassee, FL 32312 | |
| another business entity with an active Florida registration.) The name and the Florida street address of the registered as | | | |
| Michael P. Schmidt | 5 | | |
| | Name | | |
| 179 Cotillion Circle | | | |
| Florida street address (| P.O. Box NOT | acceptable) | |
| Tallahassee | FL | 32312 | |
| City | State | Zip | |
| City | State | 7:- | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u> Citle:</u> | Name and Address: |
|--|---|
| AMBR" = Authorized Member | |
| MGR" = Manager MGR | Michael P. Schmidt |
| | 179 Cotillion Circle |
| | Tallahassee, FL 32312 |
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